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**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

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2016 JAN 19 AM 10: 05

Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. th Congressional District Democratic Party ADDRESS (number and street) (Check if address is changed) 48189 CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) urt.Allain@gmail.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) 7thdistrictdems,com (Check if address is changed) 2016 T C 00348003 FEC IDENTIFICATION NUMBER IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Curtis L. Allain Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 02/2009) Toll Free 800-424-9530 Only

Local 202-694-1100

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TYPE OF CO	DMMITTEE	
Candidate	Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	1.)
(p)	This committee is an authorized committee, and is NOT a principal campaign committee. (Coninformation below.)	mplete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com	mittee:	na angles residente i que reme maga a que e a un a que e reprise de la companya de la companya de la companya
(d) X	This committee is a SUB (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:
\'-'		-
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	raising Representative:	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for	two or more political
(g)	committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Com	mittees Participating in Joint Fundraiser	
1,	FEC ID number C	
2.	FEC ID number C	
3.	FEC ID number C	
4.		

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	/rite or Type Committee N	
<b>7</b>	th Congressi	onal District Democratic Party
6.	Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor
<u> </u>	∕lichigan Den	nocratic <sub>i</sub> State <sub>i</sub> Central Commitee
L		
	Mailing Address	[606 Townsend St.
		[Lansing
		CITY STATE ZIP CODE
	Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
7.	Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person in possession of committee
	Full Name Cur	tis Leland Allain
	Mailing Address	40 Beachway St.
		Whitmore Lake MI 48189 - 9598
	Title or Position	CITY STATE ZIP CODE
	Treasurer	Telephone number [734 ] - [657 ] - [9327 ]
8.	Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; and the name and address of g., assistant treasurer).
	Full Name of Treasurer	tis Leland Allain
	Mailing Address	40 Beachway St.
		Whitmore Lake MI 48189 - 9598
	Title or Position	CITY STATE ZIP CODE  Telephone number   734   1   657   1   9327   1
1	<del></del>	Telephone number 734 - 637 - 9327

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Full Name of Designated Agent			
Mailing Address			
· ·	CITY	STATE	ZIP CODE
Title or Position			
	Telephone nur	mber	
safety deposit boxes or Name of Bank, Deposit		tee deposits	funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc.  merica Bank	tee deposits	funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc.	tee deposits	funds, holds accounts, rents
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safety deposit boxes or Name of Bank, Deposit	maintains funds.  tory, etc.   149 Michigan Ave, W.,  Battle, Creek  CITY	MI	49017,
safety deposit boxes or Name of Bank; Deposit [CO]  Mailing Address	maintains funds.  tory, etc.   149 Michigan Ave, W.,  Battle, Creek  CITY	MI	49017,
safety deposit boxes or Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	maintains funds.  tory, etc.   149 Michigan Ave, W.,  Battle, Creek  CITY	MI	
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Federal Election Commission

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## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked Date of Receipt 5/16 **USPS First Class Mail USPS** Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

PREPARER (3/2015)

JA

DATE PREPARED